

**Section A:**

**RENT ASSESSMENT FORM – WICKLOW COUNTY COUNCIL**

**N.B. This Form must be completed and returned to Wicklow County Council.  
Please ensure that you complete ALL SECTIONS OF THE FORM.**

**CUSTOMER ID NO.** \_\_\_\_\_ **TELEPHONE NO.** \_\_\_\_\_

**TENANT (s) NAME** \_\_\_\_\_ **ADDRESS** \_\_\_\_\_

***PARTICULARS OF ALL ADULTS IN THE HOUSEHOLD & THEIR INCOMES***  
*(Children should not be included in this section)*

<b>Name in Full</b>	<b>Date of Birth</b>	<b>PPS Number</b>	<b>Relationship to Tenant</b>	<b>Income</b> (Attach proof) State amount & whether weekly, fortnightly, etc	<b>Source of income</b> ( employment, self-employment, social welfare, FIS, FAS, etc.)

**Have you any other income in addition to above:** \_\_\_\_\_

**If so, specify source (e.g. Maintenance, rental income, other Pension etc)** \_\_\_\_\_

**Weekly Income from this source:** \_\_\_\_\_

**PARTICULARS OF ALL CHILDREN IN THE HOUSEHOLD**

**(If Adult Child is 18 years or over and attending School/College full-time, a letter from the School/College confirming this must be submitted with the Rent Assessment Form)**

<b>Name in Full</b>	<b>Date of Birth</b>	<b>PPS Number</b>	<b>Relationship to Tenant</b>	<b>Name of School or College</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				
<b>4.</b>				
<b>5.</b>				
<b>6.</b>				
<b>7.</b>				

## Section B:

### **PARTICULARS OF PERSON(S) WHO HAVE MOVED INTO PROPERTY SINCE THE SUBMISSION OF THE LAST RENT ASSESSMENT FORM.**

<i>Name</i>	<i>Date of Birth</i>	<i>PPS No</i>	<i>Relationship to Tenant</i>	<i>Date they moved in</i>	<i>Weekly Income</i>	<i>Address(es) in Previous 5 Yrs</i>

### **PARTICULARS OF PERSON(S) WHO HAVE LEFT THE PROPERTY SINCE THE SUBMISSION OF THE LAST RENT ASSESSMENT FORM (Letter from Social Welfare/Employer must be submitted with this form to confirm forwarding Address)**

<i>Name</i>	<i>Date of Birth</i>	<i>PPS No</i>	<i>Relationship to Tenant</i>	<i>Date Left</i>	<i>Reason for Leaving</i>	<i>Forwarding Address</i>

## Section C:

### CERTIFICATE OF EMPLOYMENT AND EARNINGS

**TO BE COMPLETED BY ALL TENANTS/OCCUPANTS IN EMPLOYMENT & ON BACK TO WORK SCHEME**

**Note:** This section must be completed, signed and stamped by the employer

**Copy of three recent consecutive payslips to be submitted**

If you are self employed you must submit your most recent audited accounts & most recent Notice of Assessment.

Name: \_\_\_\_\_

PPS No.: \_\_\_\_\_

**Employed as:** \_\_\_\_\_

**Are you on Back to work scheme?**

Yes  No

**Number of Years on back to work scheme** \_\_\_\_\_

**Are you on an employment scheme e.g. Tus, Job Bridge etc**  Yes  No

**Is salary paid weekly/fortnightly or monthly** \_\_\_\_\_

**Date Employment Started:** \_\_\_\_\_

**Net Weekly Wage:** \_\_\_\_\_

**I hereby certify that the details of earnings as set out above are correct.**

Employer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Stamp:

## Section D:

### DEPARTMENT OF SOCIAL PROTECTION

**To be used if a tenant/occupant is in receipt of any form of social welfare payment; One Parent Family Payment, Jobseeker's Benefit, Deserted Wife's, Back to work scheme etc.**

**Name:** \_\_\_\_\_ **PPS Number:** \_\_\_\_\_

#### Type of benefit

**Please tick the appropriate box:**

State Pension (Transition)		Back to work allowance (specify number of years on scheme)	
State Pension (Contributory)		Back to Work Enterprise Allowance (specify number of years)	
State Pension (Non-Contributory)		Part-time Job Incentive Scheme	
Pre-Retirement Allowance		Jobseeker's Benefit	
Widowers Pension		Jobseeker's Allowance	
One Parent Family Payment		Daily Rate (working part time)	
Illness Benefit		Deserted Wife's Benefit	
Invalidity Pension		Deserted Wife's Allowance	
Disability Allowance		Family Income Supplement	
Blind Pension		Farm Assist	
Injury Benefit		Supplement Welfare Allowance	
Disablement Benefit		Carer's Benefit/Allowance	

**Other (Please Specify)** \_\_\_\_\_

**Amount of Benefit: €** \_\_\_\_\_ **per week as from:** \_\_\_\_\_

**Breakdown of social welfare payment:**

Dependants	Please Tick	Rate(€)
<b>Adults</b>	<b>Spouse/Partner</b>	
<b>Children</b>	<b>Please indicate how many:</b>	<b>each</b>

**Please submit and attach the following:**

*If paid in Post Office – Most recent Social Welfare slips*

*If paid in Bank – Most recent Bank Statement*

**NB:** If on casual dockets please provide three consecutive payslips and Social welfare dockets

## Section E:

### **Checklist: You must provide the following documentation**

1. Fully completed application form
2. PPS numbers for all household members
3. Telephone contact number
4. Evidence of income

#### ***Employment***

Three consecutive payslips

#### ***Self employment***

Last years audited accounts and Notice of Assessment

#### ***Social Welfare***

*If paid in Post Office* – Most recent Social Welfare slips

*If paid in Bank* – Recent bank statement

NB: If on casual docketts please provide three consecutive payslips and Social welfare docketts

#### 5. ***Maintenance***

Proof of Maintenance payment

6. Proof from School/College if in full time education by adult child over 18 years

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### **Declaration**

I/We declare that all of the information given by me/us for the purpose of rent assessment is complete and correct.

I/We authorise and give authority to Wicklow County Council to seek and receive any information from my/our employer, Department of Social Protection or any other official source in relation to me/us or any occupant of my/our household.

**Signed:** \_\_\_\_\_ **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Tenant* *Tenant*

**THE DEADLINE FOR RETURN OF THIS FORM IS FRIDAY 27<sup>th</sup> NOVEMBER 2015**